



DEPARTMENT OF PUBLIC SAFETY

Division of Adult Correction and Juvenile Justice

INMATE MEDICAL COST CONTAINMENT LEGISLATIVE REPORT Session Law 2013-360 – 16C.4.(c)

November 1, 2013

**Pat McCrory
Governor**

**W. David Guice
Commissioner**

**Frank L. Perry
Secretary**

SESSION LAW 2013-360

SECTION 16C.4.(c) The Department of Public Safety shall report to the Joint Legislative Oversight Committee on Justice and Public Safety and the Chairs of the House of Representative Appropriations Subcommittee on Justice and Public Safety and the Senate Appropriations Committee on Justice and Public Safety no later than November 1, 2013, and quarterly thereafter on:

- (1) The percentage of the total inmates requiring hospitalization or hospital services who receive that treatment at each hospital.
- (2) The volume of services provided by community medical providers that can be scheduled in advance and, of that volume, the percentage of those services that are provided by contracted providers.
- (3) The volume of services provided by community medical providers that cannot be scheduled in advance and, of that volume, the percentage of those services that are provided by contracted providers.
- (4) The volume of services provided by community medical providers that are emergent cases requiring hospital admissions and emergent cases not requiring hospital admissions.
- (5) The volume of inpatient medical services provided to Medicaid-eligible inmates, the cost of treatment, and the estimated savings of paying the nonfederal portion of Medicaid for the services.
- (6) The status of the Division's efforts to contract with the hospitals to provide secure wards in each of the State's five prison regions.

To ensure that correct information relative to Section 16C.4(c) is reported, the Department clarified with the Fiscal Research Division that the volumes of services referenced are for hospitalization and hospital services data.

This report is for hospitalizations or hospital services of inmates which occurred from July 1, 2013 through September 30, 2013.

The average prison census for this quarter was 37,511. Based upon utilization review data, an average of 0.16% of the population received hospital based services (i.e. they were an inpatient or they went to a community hospital for an outpatient procedure or consultation).

During this time period, there were 370 hospital admissions. Of these 370 admissions, 89% (330) were emergent and 11% (40) were scheduled. Further analysis of the 330 emergent admissions, reveals that 61% (200) occurred at contracted hospitals, while 39% (130) were to non-contracted hospitals. With regards to the 40 scheduled admissions, 83% (33) were to contracted hospitals while 17% (7) were to non-contracted facilities. Overall, during this quarter, 63% (233) of admissions (both emergent and scheduled) went to contracted facilities while the remaining 37% (137) went to non-contracted facilities.

Figure 1 below shows the distribution of emergent and scheduled hospital admissions in contracted and non-contracted facilities from July 1, 2013 through September 30, 2013. Note: Figure 1 is based on data currently available which may be updated after the date of this report.

Figure 1: Distribution of Emergent and Scheduled Hospital Admissions – July 1, 2013 through September 30, 2013

HOSPITAL ADMISSIONS	Emergent	Scheduled	Total	Percentage
CONTRACT HOSPITALS	200	33	233	63%
NON-CONTRACT HOSPITALS	130	7	137	37%
Grand Total	330	40	370	100%

It is important to note that during this quarter, the total volume of cases sent out to the community for emergent care was 1469. This represents 52 less cases than last quarter. Data also indicates that 78% (1139) of these emergency room visits did not result in an admission; only 22% (330) of all emergency room visits resulted in an admission to a community hospital.

From July 1, 2013 – September 30, 2013, 186 cases were identified as eligible for Medicaid. Based upon the State Auditor's *May 2012 Financial Related Audit Report*, the average savings of each case would be \$18,181.81. Using the methods applied in the audit, the estimated savings from July 1 through September 30, 2013 would be approximately \$3,381,816.66.

Due to the full activation of Central Prison Health Care Complex, the Division is not actively seeking contracts with hospitals for secure wards within the five prison regions.